

## Forward

The text for this volume was being put to bed just as the lead investigators of the monumental United Kingdom Prospective Diabetes Study (UKPDS) were releasing their major report. The new UKPDS results support, strengthen and complement the voices of the authors in this volume.

### Unifying Theme

The unifying theme of this volume is that we, the health practitioners of the industrialized world, must do better for and with our patients with Type 2 diabetes. The UKPDS clearly showed that every decrement in blood glucose and independently every decrement in blood pressure redounded to the benefit of the patient. The effect was continuous: no plateau, no threshold, no suggestion of a J-shaped upturn at lower values. The slope of the line and statistical significance was unique for each variable in each patient group but the overarching conclusion was clear: if the glucose is lower, the patient does better. If the blood pressure is lower, the patient does better. The benefits were independent of which drugs were used to effect the lowering of the glucose or of the pressure. (It is also clear that maintaining good glycaemic control in the long term may require the use of insulin.) Intensive efforts to address the hyperglycaemia and the hypertension produced better results than conventional treatment without incurring greater monetary costs or decrements in quality of life, although they did incur more untoward effects of medication. Drug side effects, which varied among the medications, seemed to be in the tolerable range.

The authors in the present volume share with us their knowledge of this complex disease and how best to motivate patients and to enlist them in the partnership for better care. The UKPDS increases our resolve to do better. Results of the study reassure us that improvements

in the blood glucose or blood pressure will be rewarded with better outcomes for our patients.

### Elderly Patients

The UKPDS is a study of adults who were 25–65 years old at the time of enrolment. While patients over 65 are highly likely to benefit from improved treatment, caution must be exercised. The 'eutopian' goals of euglycaemia and normotension are also valid for the older patient but they must be pursued with greater restraint. The rewards of good treatment are typically in the future while the costs of adverse effects of drugs are often immediate. Since side effects are usually more frequent and more severe with advancing age, the equation that relates cost to benefit must be recast for each elderly patient on an individual basis. The UKPDS will serve as an excellent starting point, but because data on the elderly are so sparse, guiding the care of the elderly is often like sailing uncharted seas. We should keep our goals intact but proceed with humility, caution and restraint.

### A Look Ahead

The UKPDS with Type 2 diabetes, like the earlier DCCT with Type 1 diabetes, has shown us that even the perfect patient with the perfect practitioner cannot achieve perfect results. They also show us that every improvement in control can be expected to yield some additional benefits. The shortcomings of the tools we have to treat our patients, while lamentable, should be beacons to inspire investigators everywhere in their quest to discover new and better tools.

**Jesse Roth for the Organizing Committee**

(Mari-Anne Gall, Ann Louise Kinmonth, Stephen Colagiuri and Philippe Vague)